

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/506,906

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		X	
2			1			
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10			1			
11			1			
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44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.		↓	12	↓	4	↓
TOTAL DEP.	←		12	←	15	←
TOTAL CLAIMS			24		24	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						